## Students Working Against Tobacco Youth Scholarship

Application due date: Apr 7, 2023

For questions, please contact Ashley Linschoten 435-247-1155 <a href="mailto:alinschoten@tricountyhealth.com">alinschoten@tricountyhealth.com</a>

- The deadline for scholarship applications is April 7, 2023
- Incomplete applications will not be considered
- Type or print legibly. Illegible applications will not be considered

## **PURPOSE**

Two students from each high school will be awarded \$1,000.00-\$4,000.00 (Depending on funding available. No award will be less than \$1,000.00)

## **CRITERIA**

- Applicants must be completing their senior year at a high school in the tri-county area during the 2023-2024 school year
- Applicants must successfully graduate with a minimum GPA of 2.5
- Preference may be given to applicants who have participated in SWAT previously
- Applicants must agree to stay tobacco, alcohol, and drug-free
- Applicants must agree to meet the specified requirements

#### TIMELINE

- Recipients will be announced on April 14, 2023
- Scholarships will only be awarded to the chosen applicants who have met the specified requirements
- Scholarships will be awarded at the end of the 2023-2024 school year

## SCHOLARSHIP APPLICANTS MUST PROVIDE:

- 1. Completed application form, found on the next page
- 2. One academic reference:
  - a. Advisor, guidance counselor, or teacher
  - b. Respected adult or community member
- 3. Completed essay

### **ESSAY REQUIREMENTS**

- 1. Please describe what youth advocacy means to you.
- 2. Please share what your goals and plans are after high school.
- 3. Please describe how you have demonstrated your commitment to remain drug, tobacco, and alcohol-free. Include what led and/or contributed to your decision.
- 4. Please describe how you will act as a good leader and role model to other participants in the group.

# Students Working Against Tobacco Youth Scholarship Application

Name:		High Sch	ool:			
Phone:	Email:					
Addres	s:	City:		State:	_ Zip:	
Parent/Guardian Name:			Parent/Guardian's Phone:			
GPA: _						
Are you a previous participant of SWAT (Students Working Against Tobacco)? If so, when did you join?						
RESP	ONSIBILITIES:					
	Promote the coalition and help Maintain the group by leading of Attend a City Council meeting of Complete and report on a proje Help with tobacco compliance of Complete an essay at the end of throughout the coalition leaders Help plan at least 2 school active Help plan and create 2 communates Advocate for tobacco-free police Attend Capitol Day in February Attend at least 6 youth coalition Attend and participate in at least Complete tobacco prevention of Assist in content creation for the Help educate school administrated Agreement to stay tobacco, alore Any other ideas you have to he vaping?	discussions, active or School Board of throughout the checks (Not many of the year regardship experience wities to educate nity outreach every ies, programs, a OR the Utah You meetings at 3 Youth Leade ourse made by a Tobacco Free ation on tobacco ohol, and drug-fire	vities, and educa Meeting e year (survey or datory as not ev ding everything y peers ents nd education uth Leadership S rship Board calls FriCounty Health Uintah Basin Fac policies ree	n tobacco por reryone will by you participa Summit in Ju S Department cebook page	olicy, etc.) pe able to participate) ated in and learned uly	
STATEMENT OF ACCURACY						
I have provided the correct information, and I agree with the above responsibilities.						

Please submit your completed application in one of the following ways:

- Drop off at Tricounty Health Department
- Scan and email to alinschoten@tricountyhealth.com
- Mail to TriCounty Health Department at 133 S 500 E Vernal, UT 84078, Attn: Ashley Linschoten, Health Promotion Division.

Signature: Date: